

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY
ALTERNATIVE DISPUTE RESOLUTION
Justice Court Volunteer Mediation Program
Mediator Application

Last Name _____ First Name _____ DOB: _____
MO/DAY/YR
Mailing Address _____ City/State _____ Zip _____
Telephone (Daytime) _____ (Evening) _____ (Cell) _____
Pager _____ Fax _____ Email _____

LANGUAGE

Do you speak, read or write any language other than English? _____

CRIMINAL BACKGROUND CHECK

- Superior Court security shall run a criminal background check after completion of training. The mediator must clear the background check prior to being scheduled for mediations.

EMPLOYMENT BACKGROUND

Present / Last Employer _____ Date Start: _____ Date End: _____
(Circle One)

Address _____ City/State _____ Zip _____

Position Held: _____ Phone Number _____

Responsibilities: _____

If unemployed/retired, please list specialized profession/experience: _____

EDUCATION

	<u>Name and Location of School</u>	<u>Degree or Major</u>	<u>Date Received</u>
<u>High School</u>			
<u>College</u>			
<u>Other</u>			

MEDIATION TRAINING

Do you have previous mediation training experience? [] YES [] NO

If yes, who/what organization provided the training? _____

When and where was the training held _____

State the number of hours for that training? _____

List any additional training sessions you have attended on mediation, alternative dispute resolution, or problem solving. Include number of hours of training: _____

If previously trained, please attach a copy of the training certificate and agenda or syllabus to this application.

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY
ALTERNATIVE DISPUTE RESOLUTION**
*Justice Court Volunteer Mediation Program
Mediator Application*

MEDIATION EXPERIENCE

Approximate number of mediations: _____

How long have you mediated? _____

List any specific training or professional experience you have that would be relevant to Justice Court mediation.

Why do you want to be a Justice Court mediator? _____

COURT AND MEDIATION AVAILABILITY

Chandler_____
2051 W Warner

N. Mesa_____
1837 S Mesa Dr

Tempe_____
1845 E Broadway

Scottsdale_____
8230 E Butherus Dr

E. Phoenix #1_____
1 W Madison

S. Phoenix_____
217 E Olympic Dr

N. Valley_____
5222 W Glendale

Peoria_____
7420 W Cactus Rd

N.E. Phoenix_____
10255 N 32nd St

N.W. Phoenix_____
11601 N 19th Ave

W. Phoenix_____
1 W Madison

How many times per month would you be able to mediate (approx. 2 hrs. per mediation)? _____

Signature: _____ Date: _____

Please send completed application to:

Superior Court of Arizona, ADR

201 W. Jefferson CCB-5
Phoenix, Arizona 85003-2206

Phone: 602-506-7884

Fax: 602-506-5836

Email: adroffice@superiorcourt.maricopa.gov

All information given by me in this application is true. False information (misrepresentation or omission of information called for) is a basis for disqualification or dismissal. I agree to adhere to all standards, guidelines, requirements, procedures and policies established by Superior Court ADR for the Justice Court Volunteer Mediation Program. I authorize investigation of all statements contained herein. I also authorize the employers/references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.